PTOJSBJOB (12-04) Approved for use through 7/31/2008, CMB 0881-0032 Approved Office: U.S. DEPARTMENT OF COMMERCE

Und	PAT	ENT APPLI	CATION	FEE DETE	rmina i ic	N RECO	RD		Applica 10/	tion or Cocket Mu 623,528	uspet
	Α	PPLICATION	AS FILE		umn 2)	SA	IALL E	ENTITY	OR	OTHER SMALL	
	FOR	NUM	NUMBER FILED		NUMBER EXTRA		(8)	FEE (\$)		RATE (0)	PEE (%)
8A8	C FEB		N¥A		N/A		`	375		NA	
3EA	ROH FEE		N/A		N/A		`			NA	
	MINATION FEE	703	N/A		N/A					NÆ	
87 C	FR 1.18(0), (p), or o	(9)	 					63			
37 C	FR 1,18(1))	27			7		-	63	QR		,
	PENDENT CLA FR 1,16(h))			пинь з н - О			•	·		× -	
FES	LICATION SIZE FR 1.18(e))	ehects of the \$250 addition	If the specification and drawings excee sheets of paper, the application size to is \$250 (\$125 for email entity) for each additional 50 absets or fraction thereof; \$6 U.S.C. 41(a)(1)(6) and \$7 CFR 1.11								,
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,1603)							A.			N/A	
	the difference in column 1 to less then gare, enter "O" in column 2.						AL.	438		TOTAL	
<u>۲</u>	CLAIMS			(Column 2)	HIGHEST		SMALL ENTITY		OR.	OTHER	ENTITY
A		<u> </u>		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	E (\$)	ADDI- TIONAL		RATE (5)	ADDA TIONAL
ENT	Total	AMENDMENT	Minus	PAID FOR		 	·	FEE (\$)			FER(8)
¥	(\$20 GFR 1.1647))	7	Minus	27	- 0	X	=		OR	x \=	/
ENDM	Independent (37 GPR 1.19(4))			3	3 0		-		OR	×	<u>/</u>
¥	Application Size Rep (37 CFR 1.16(a))							 	1	/	
	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.19(I))						A		OR	N/A /	
						ADD'L		0.00	OR	ADDI FEE	
_		(Catumn 1)		(Column 2) HIGHEST	(Column 3)			,	,		
H B		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUBLY PAID FOR	PRESENT EXTRA	RATI	E (S)	ADDI- TIONAL FEE (5)		RATE (8)	ADDI- TIONAL FEE (B)
É	Total 07 GFR 1,1650	*	Minus	4	-	×	•		OR	x 2	
AMENDMENT	Independent (37 CFR 1, MCLI)	•	Minun		•	 	•		on on	x -	
띭	Application Size Fee (37 CFR 1.16(s))								1 ~		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(1)					·	Α.		OR	N/A	
						TOTAL			OR	TOTAL ADD'L FEE	
-	" If the "Highest" " If the "Highest I The "Highest N	Number Previous Number Previously umber Previously	y Peid For y Paid For Paid For	y in column 2, with the SPACE IN THIS SPACE Total or Independent 1.18, The Independent 1.18, The Index	is less than 20, is less than 3, c lent) is the high	enter "20". nter "3". set number f	ound in	the appropria	e box in	column t. Libilio Which is to	the tend by th

This collection of information is required by 37 CFR 1.48. The information is required to abolish or retain a benefit by the public which is to till stand by the USPTO to process) an application. Confidentially is governed by 35 U.S.O. 122 and 37 CFR 1.44. This collection is estimated to late 12 situates to complete, the confidency of the process of

If you need assistance to completing the form, call 1-800-PTO-9199 and select option 2